

Guidance to Agencies – COVID Residential Support Payments

February 2021 UPDATE: Reporting Deadline Extended

Governor Northam recently approved \$15 million to support COVID-19 related expenses for Residential Support providers. These providers originally had the opportunity to apply for support payments to cover expenditures for the period of March 2020 through October 2020. Thanks to state and federal actions, **Virginia Medicaid is extending the deadline until December 31, 2021, for providers to apply for COVID-19 Residential Support Payments.** These funds are available to support the increased costs of active delivery of services during the COVID-19 crisis between **March 12, 2020, and December 31, 2021.**



ALERT: Funds are limited and will be provided on a monthly basis until all appropriated funds are exhausted. We encourage providers to complete all three steps of the process (REDCap application, API enrollment and the cost summary submission) as soon as you are able, but we cannot guarantee payment to all those that apply.

Funds are available for providers in the Commonwealth licensed by the Department of Behavioral Health and Developmental Services (DBHDS) and enrolled with the Department of Medical Assistance Services (DMAS) to provide the residential services listed below.

Who qualifies for payment?

Developmental Disability Waiver (DDW) Providers in the Commonwealth that are licensed by DBHDS and enrolled with DMAS to provide the following services from March 12, 2020, through December 31, 2021, may qualify for the payment:

- Group Residential (H2022);
- Supported Living Residential (H0043); and
- Sponsored Residential Providers (T2033).

How will this work?

Providers must complete the following steps:

1. **Application:** Providers must submit an application for funding to DMAS using the secure online tool REDCap, found at the link here: <https://www.survey.dmas.virginia.gov/surveys/?s=TKANCDHHM3>

- In the application, providers are required to:
 - Report the number of Medicaid members served
 - Attest to the following:
 - The provider agency is currently licensed by DBHDS and eligible to participate with DMAS as an enrolled provider in each of the months from March 2020 to the date of application.
 - The provider agency is not planning to close or cease delivering any services identified in this request for financial support.
 - The representative of the provider agency must attest that the information provided to DMAS is true and factual. Further, the provider must acknowledge and understand that any false or

inaccurate attestations found to have been knowingly made may result in a denial of funding or collection of funds already provided.

2. API Enrollment and W-9: Providers must submit a request for an Administrative Provider Indicator (API), and a W9 form must accompany the API request. Copies of these documents are available using the links below:

- W9 form: <https://www.dmas.virginia.gov/files/links/5598/W9.pdf>
- API form:
<https://www.dmas.virginia.gov/files/links/5482/VAMMIS%20Admin%20Provider%20Enrollment%20Form%20with%20instructions%20-%20Fillable.pdf>.

(If you have already submitted or received an API from another CARES Act Relief Fund project, such as Hazard Pay or the previous period for COVID Support payments, you do not need to reapply.) Please send API request forms with the W9 form to caresactproviderenrollment@dmas.virginia.gov.

3. Expense Details & Attestation: Providers must submit a cost summary and attestation to document the use of other funding sources to supplement COVID-19 operational costs.

[A downloadable spreadsheet is available on our website for this purpose.](#)

Providers are required to document eligible COVID-19 related costs incurred for the period of **March 12, 2020, through the date of application.** This funding is designated to address staffing, increased infection control measures, the purchase of personal protective equipment (PPE), as well as testing and other expenses related to COVID-19. Costs already reimbursed by other federal support are not eligible for additional reimbursement.

DMAS will review all applications to ensure that providers are eligible and authorized to provide services to Medicaid members during the months being claimed by each agency. Based on the number of applications received and reported costs, DMAS will determine the amount payable to providers to ensure that funds do not surpass the allotted \$15 million.

IMPORTANT: The Centers for Medicare and Medicaid Services may require providers attesting to increased COVID-19 related expenses to produce documentation supporting your attestation in the future.

Other questions you might have:

Am I eligible to reapply if I applied during the first round?

Yes, you may be eligible to reapply for the second round **if you are not claiming expenses made during the same period of time.** For example, if you applied for funding for the months of March to October 2020, you may complete a new application and cost summary for any months after October 2020 as long as you meet the above criteria.

What if I applied during the first round?

- If you applied during the first round, but did not complete your API enrollment or cost summary, you may complete the API enrollment and /or cost summary only for the period for which you applied (March to October 2020). For any months after October, you must reapply and complete the API enrollment and cost summary process for the months in which you are eligible in the extended application period.
- If you applied during the first round and withdrew your cost summary, you must submit that cost summary to Myers & Stauffer for the first period to be considered.
- If you applied and completed the entire process successfully (regardless of whether you received reimbursement), you may apply for those months **not included** in the first round. Documentation for the cost summary should cover only the period for which you are reapplying.

How much money is available to each provider?

Exact payment amounts will be determined based on the applications received, not to exceed the \$15 million in appropriated funds. Actual payments will be based on provider expenses as well as the remaining appropriated funds.

When will payments be made?

We are reviewing providers that applied and fulfilled responsibilities during the first round of funding, and some have already received payments. DMAS anticipates payments will be made on a monthly basis for those providers that complete all applications and cost summaries during this second round of funding. DMAS may not exceed funds appropriated and will approve only those providers that have successfully completed all steps on a first come, first serve basis. Payments will end when all appropriated funds are expended.

What are the due dates for required deliverables?

- 3/20- 12/31/2021 – Residential support payments may cover this period.
- As soon as possible- Provider deadline for application/attestation completion in REDCap, API enrollment form and documentation of COVID-19 expenses due.
- 3/01/2021 – Residential Support payments may begin after this date for those that apply for funds after 2/1/2021

Have questions? Check out the FAQs on our website. DMAS will post information on the agency's website as details are available: <https://www.dmas.virginia.gov/#/covid>.

Or send your questions to: DDwaiver@dmas.virginia.gov